

STATE OF MARYLAND—CERTIFICATE OF DEATH

11244

1. PLACE OF DEATH

County Charles

Village or City DuBoise

Registration Dist. No. 103

St. Ward

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Stillborn Counters

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.	4. COLOR OR RACE Col.	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) stillborn
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 19, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (city or town) Md.
(State or country)

13. NAME Henry Counters

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Ida I. Woodland

16. BIRTHPLACE (city or town) Md.
(State or country)17. INFORMANT Oda Woodland
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Family Garden Date Nov. 20, 1934

19. UNDERTAKER Henry Counters
(Address) Charlotte Hall

20. FILED Nov. 19, 1934 J. P. Tippett

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Nov. 19, 1934
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

, 19 , to , 19

I last saw h. alive on , 19 ; death is said

to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Death caused by fall

Date of onset

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Data of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Signature J. P. Tippett
(Signed) Address Newbold, Md. M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other contributory causes of importance:	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11245

1. PLACE OF DEATH

County

Charles

1942

Registration Dist. No.

100

Village or City

McConchie

St.,

Ward

Length of residence in city or town where death occurred

all his life

(If death occurred in a hospital or institution, give its NAME instead of street and number)

ds. How long in U.S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

(a) Residence: No.

Mc Conchie Rd

st.,

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Negro

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED. (Write the word)

single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Not known

7. AGE

Years
about 30 years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.

farm labourer

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.

farming

10. Date deceased last worked at
this occupation (month and
year)

1934

11. Total time (years)
spent in this
occupation

all life

12. BIRTHPLACE (city or town)

unknown
(State or country) said to be Virginia

13. NAME

unknown

MOTHER

FATHER

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

Addie Higgs

16. BIRTHPLACE (city or town)

unknwon

(State or country)

17. INFORMANT

(Address)

Ridgley Scott
Port Tobacco, Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place

on private property

Date

18
1934

19. UNDERTAKER

(Address)

Henry A. Penn
La Plata

20. FILED

(Date)

Nov. 17th, 1934

William D. Posey

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

November 17
(Month) (Day), 1934
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

19_____, to 19_____,

I last saw h. alive, m., to 19_____, death is said

to have occurred on the date stated above, at _____ m.,

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:No Drinker
Attendant
Dead due to
exposure and
accidently fell in water
probable cause
accidently fell in water
dead due to
accidently fell in water
dead due to
accidently fell in water

Date of onset

Other Contributory Causes of Importance

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

accident

Date of Injury 11/17, 1934

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.

on Private property

Manner of Injury Fall in stream

Nature of injury strangulation

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) P. W. Lee, J. P. Acting Commissioner

(Address) La Plata, Maryland

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
	1915
Chronic interstitial nephritis	1921

Cerebral hemorrhage	Date of onset
	July 5, 1927

RECEIVED

DEC 11 1927

MURRAY

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11246

1. PLACE OF DEATH

County

Village or City

Length of residence in city or town where death occurred

Charles

La Plata

out side

No.

39 yrs.

mos.

ds.

952

Registration Dist. No.

100

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence No.

(Usual place of abode)

St., Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Negro

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Single

6e. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, end year)

March 17, 1895

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

39

8

2

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)

Nov 1937

Farm labourer

Farm labor

11. Total time (years)
spent in this
occupation

all life

12. BIRTHPLACE (city or town)
(State or country)

Charles County

13. NAME

Dyson Hill

14. BIRTHPLACE (city or town)
(State or country)

Charles Co.

15. MAIDEN NAME

Rose Brown

16. BIRTHPLACE (city or town)
(State or country)

Charles County

17. INFORMANT

S. Helen Taylor

(Address)

La Plata, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

New Town Cemetery

Date

Nov. 20, 1937

19. UNDERTAKER

Henry A Penn

(Address)

La Plata, Md.

20. FILED

Nov. 20, 1937

William D. Posey

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

November 19

(Month)

1934

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

19

to

19

I last saw him alive on

to have occurred on the date stated above, at _____ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

No history previous to November 1937

Heart attack was

probable cause of death

Other Contributory Causes of Importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury _____, 19____

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) *R. H. Cole, Pease acting Coroner*(Address) *La Plata, Md.*

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	RECEIVED	1915
Chronic interstitial nephritis	DEC 6 1934	1921
Cerebral hemorrhage		July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago
Other contributory causes of importance:		Other contributory causes of importance:
Gallstones	May 1, 1923	Gastroenteritis
		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11247

1. PLACE OF DEATH

County CharlesVillage or City La PlataLength of residence in city or town where death occurred 12 yrs.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registration Dist. No. 100St. Ward2. FULL NAME Susie Hill(a) Residence: No. La Plata

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

 Female

4. COLOR OR RACE

 Col5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word) Widow

5a. If married, widowed, or divorced

 HUSBAND of
(or) WIFE ofDyson Hill

6. DATE OF BIRTH (month, day, and year)

Don't know.

7. AGE

About 63

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

Charles Co.Md.

MOTHER FATHER

13. NAME

Joseph Brauner

14. BIRTHPLACE (city or town)

(State or country)

Charles Co.

15. MAIDEN NAME

Margret Beams

16. BIRTHPLACE (city or town)

(State or country)

Charles Co.

17. INFORMANT

(Address)

Helen TaylorLa Plata Md.

18. BURIAL, CREMATION, OR REMOVAL

Placa.

St. Joseph Roman

Date

Nov. 19th 1934

19. UNDERTAKER

(Address)

Hannan & PennLa Plata Md.

20. FILED

Nov. 9th, 1934Lillian Posey

Registrar.

21. DATE OF DEATH

Nov
(Month)9
(Day)1934
(Year)

I HEREBY CERTIFY, That I attended deceased from

Nov 5, 1934, to Nov 9, 1934I last saw him alive on Nov 8, 1934; death is said to have occurred on the date stated above, at 8:55 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Desentral HemangiPerf.

Other Contributory Causes of importance:

Hyp. B.P.Aromata of Arteriesdur.

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

E. Shadwell

M. D.

(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

RECEIVED

Dr. [unclear]

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Dr. [unclear]

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11248

1. PLACE OF DEATH

County — Charles —
Village or City Cross Roads

95-6

Registration Dist. No. 102

St.

Ward

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Andrew B. Hendrick

(a) Residence No. _____

(Usual place of abode)

St.

Ward.

Cross Roads, Maryland
If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male white

4. COLOR OR RACE

Single, Married, Widowed,
or Divorced (*write the word*)
married5a. If married, widowed, or divorced
HUSBAND of(or) WIFE ofLeslie Hendrick

6. DATE OF BIRTH (month, day, and year)

Not known7. AGE
about 60 Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWER, BODKKEEPER, etc.Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year) November 2, 193411. Total time (years)
spent in this
occupation all lifeFishermanSailing

12. BIRTHPLACE (city or town)

(State or country)

Charles County Md

MOTHER / FATHER

13. NAME Francis H. Hendrick14. BIRTHPLACE (city or town)
(State or country) Charles County Md15. MAIDEN NAME Henrietta Shannon16. BIRTHPLACE (city or town)
(State or country) Charles Co. Md17. INFORMANT Francis A. Hendrick
(Address) Cross Roads, Maryland18. BURIAL, CREMATION, OR REMOVAL
Place Homeburying ground, November 193419. UNDERTAKER Hendrick & Sons
(Address) La Plata, Md20. FILED Nov. 1934 John Madday
(Signature) Deputy Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

November 3
(Month) 1934
(Day) Year

22. I HEREBY CERTIFY. That I attended deceased from

, 19____, to , 19____

I last saw h. alive on , 19____; death is said

to have occurred on the date stated above, at ____ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:No doctor present, probably acute
indigestion and a heart attack

Date of onset

Other Contributory Causes of Importance:

Name of operation _____ Data of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) P. Hodge Reich, Packing Brother
(Address) La Plata, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Charles

82d

Registration Dist. No.

107

Village or City Bryceland

St.

Ward

Length of residence in city or town where death occurred

No.
(If death occurred in a hospital or institution, give its NAME instead of street and number)
yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Tom F Murphy

(a) Residence: No.

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
-------------	------------------------	---

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Lucy J. Murphy

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
	76	7	22	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Farmer
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Manager
10. Date deceased last worked at this occupation (month and year)	1924

11. Total time (years)
spent in this occupation 5012. BIRTHPLACE (city or town)
(State or country)

Dentonville Charles 2nd

13. NAME Alfonzo F Murphy

Dentonville Charles 2nd

Dentonville Charles 2nd

14. BIRTHPLACE (city or town)
(State or country)

Dentonville Charles 2nd

Dentonville Charles 2nd

Dentonville Charles 2nd

15. MAIDEN NAME Barbara McDaniel

Dentonville Charles 2nd

Dentonville Charles 2nd

Dentonville Charles 2nd

16. BIRTHPLACE (city or town)
(State or country)

Dentonville Charles 2nd

Dentonville Charles 2nd

17. INFORMANT
(Address)

Rudy Murphy

Bryceland Md

18. BURIAL, CREMATION, OR REMOVAL

Place Bryceland

Date Dec 1, 1924

19. UNDERTAKER
(Address)

Neustett & Ryan

Murphy 2nd

20. FILED
(Address)

Nov 30, 1924

C. H. Doherty

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Nov 29, 1924
(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

Nov 6, 1924, to Nov 29, 1924

I last saw him alive on Nov 28, 1924; death is said to have occurred on the date stated above, at 5:20 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Hemorrhage

Date of onset

Nov 6, 1924

Primary cause of hemiplegia: High blood pressure. Cerebr.

Other Contributory Causes of importance:

Anemia & rheumatism

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Harry G. Chapman M. D.

(Address) 11249

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

X

ARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11250

1. PLACE OF DEATH

County

Charles

Village or City

La Plata

Length of residence in city or town where death occurred

90

yrs.

93-C

Registration Dist. No.

100

St.

Ward

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

Elizabeth Rose Monroe Padgett

(a) Residence: No.

La Plata Md
(Usual place of abode)

St. Ward

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

widow

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

James Theodore Padgett

6. DATE OF BIRTH (month, day, and year)

Oct 10 1838

7. AGE

96

Years

0

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Chas. Co Md

13. NAME James Theodore Monroe
Ches Co Md14. BIRTHPLACE (city or town)
(State or country)15. MAIDEN NAME Elizabeth Ellen Robey
Ches Co Md16. BIRTHPLACE (city or town)
(State or coun'ry)17. INFORMANT Harold Lyon
La Plata Md18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Rest Cemetery Date Nov. 9^a 193419. UNDERTAKER Hunt and Reyon
Waldorf Md20. FILED Nov. 9^a, 1934 Registrar**MEDICAL CERTIFICATE OF DEATH****21. DATE OF DEATH**

Nov.

7^a

(Month)

(Day)

1934
(Year)**22. I HEREBY CERTIFY, That I attended deceased from**Nov. 7^a, 1934 to Nov. 7^a, 1934I last saw her alive on Nov. 7^a, 1934; death is said
to have occurred on the date stated above, at 11: P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

chronic myocarditis

Primary Cause: Indurated heart muscle

Duration: ten years

Acute Cardiac dilation

Immediate Cause: Violent convulsions due to grip

Other Contributory Causes of importance: Cerebral

Pulmonary Edema

3 hrs

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. Spencer

(Address) Bel Alton Md

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1928

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

11251

1. PLACE OF DEATH

County Charles

Village or City Newburg

8

Registration Dist. No. 100

St.

Ward

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME No Name Proctor

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 27. 1934

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
—	—	—	—	—

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country) Newburg

13. NAME John L. Proctor

14. BIRTHPLACE (city or town) Chas Co.

15. MAIDEN NAME Elizabeth J. Harley

16. BIRTHPLACE (city or town) Chas Co.

17. INFORMANT Joseph Harley

18. BURIAL, CREMATION, OR REMOVAL

Place At Home near Newburg Date Nov. 28, 1934

19. UNDERTAKER Joseph Harley (act undertaker)

(Address)

20. FILED Nov. 28, 1934

M. D. Hayden
W. P. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Nov.

27

, 1934

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

, 19____, to , 19____;

I last saw him alive on , 19____; death is said
to have occurred on the date stated above, at 4 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Date of onset

Stillborn

Other Contributory Causes of Importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) M. D. Hayden
W. P. Registrar
(Address) Bel Air Md. M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

RECEIVED

DEC 11 1927

WILLIAM H. BROWN

PHYSICIAN

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

	Date of onset
Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year
-----------------	--------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11252

1. PLACE OF DEATH

County

Charles

Village or City

Newbury

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. If of foreign birth?

yrs.

St.

Ward

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St., Ward.

Registration Dist. No.

104

St.

Ward

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

m

4. COLOR OR RACE

13

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, end year)

10-01-84

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Md.

13. NAME

Robert Thompson

14. BIRTHPLACE (city or town)
(State or country)

Md.

15. MAIDEN NAME

Alice Smallwood

16. BIRTHPLACE (city or town)
(State or country)

Md.

17. INFORMANT

(Address)

Mary Korn

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

10-01-1984

19. UNDERTAKER

(Address)

Burke Smallwood

20. FILED

(Address)

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

10-01-1984

(Month)

(Day)

1984
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

19

to

19

I last saw h.

Elvira on

to have occurred on the date stated above, at 3 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Unknown

Date of onset

Other Contributory Causes of Importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Data of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

T. H. Thompson

M. D.

(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

For authorization to change date see letter filed under
Dr. Higdon 12/13/34

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11253

1. PLACE OF DEATH

County

Charles
Marbury

82-2

Registration Dist. No.

10

Village or City

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. If of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

Mary Celeste Agnes Traire.

(a) Residence: No.

(Usual place of abode)

St., Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

f

old

Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Moh. 19 1900

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

84

8

9

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

At home

12. BIRTHPLACE (city or town)

(State or country)

13. NAME

Richard Traire

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

Mary Traire

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Marbury Md. Date Nov. 30, 1934

19. UNDERTAKER

(Address)

20. FILED

(Address)

Nov. 30, 1934 Mary Smithland
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Nov. 28, 1934

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from
Oct. 1, 1934, to Nov. 28, 1934I last saw her alive on Nov. 28, 1934; death is said
to have occurred on the date stated above, at 10:50 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Cerebral Apoplexy
Hemiplegia

Date of onset

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19_____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Mrs. C. Dickens M. D.
(Address) Marbury Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1

The principal cause of death and related causes of importance were as follows:

<i>Arteriosclerosis</i>	<i>RECEIVED</i>	1915
<i>Chronic interstitial nephritis</i>		1921
<i>Cerebral hemorrhage</i>		<i>July 5, 1921</i>
Other contributory causes of importance:		
<i>Gallstones</i>		<i>May 1, 1922</i>

Example 11

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

11254

107

1. PLACE OF DEATH

County Charles

"out side"

159-d

Registration Dist. No.

Village or City Rose Hill near La Plata

St., Ward

Length of residence in city or town where death occurred

yrs. 7 mos. 0 ds. How long in U. S. if of foreign birth? yrs. 0 mos. 0 ds.

2. FULL NAME

George Herbert Whalen

(a) Residence: No.

near La Plata

St., Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

col

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Jan. 8 1934

7. AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

9 m. 23

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town)

(State or country)

Charles - Co Md -

MOTHER FATHER

13. NAME Don't know: mother refused to give name

Chas Co Md -

15. MAIDEN NAME

Ruth Whalen

16. BIRTHPLACE (city or town)

(State or country)

Chas Co Md

Port Tobacco -

17. INFORMANT

Mary Proctor

La Plata Md

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart

Date Mar. 2 1934

19. UNDERTAKER

Mary Proctor, Lactri

(Address)

20. FILED

Mar. 2 1934

Lillian Possey

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Mar.

1

(Month)

1934

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

19

to

19

19

I last saw h. alive on _____, 19____; death is said
to have occurred on the date stated above, at _____ m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:No Physician
Probably malnutrition

Date of onset

Other Contributory Causes of importance:

Congenital deformity esp. R
Deformed child

Name of operation _____ Date of _____

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Lillian Possey M. D.
(Address) La Plata Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

RECEIVED DEC 8 1927	
Other contributory causes of importance:	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

RECEIVED DEC 8 1927	
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

11255

1. PLACE OF DEATH

County Charles

Village or City Dentonville

92-a

Registration Dist. No.

108

St.

Ward

Length of residence in city or town where death occurred 75 yrs. No. (If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

James B. Whealley

Dentonville, Md. St.

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Widow

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Whealley

6. DATE OF BIRTH (month, day, and year)

May 6, 1867

7. AGE

77

Years Months Dey

If LESS than
1 day, _____ hrs.
or _____ min.

Farmer

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month end
year)

1930

11. Total time (years)
spent in this
occupation

50

12. BIRTHPLACE (city or town)

(State or country)

Charles Co. Md.

MOTHER

FATHER

13. NAME

John Whealley

Date of onset

14. BIRTHPLACE (city or town)

(State or country)

Charles Co. Md.

15. MAIDEN NAME

Anne Montgomery

16. BIRTHPLACE (city or town)

(State or country)

Charles Co. Md.

17. INFORMANT

(Address)

John Whealley (son)
Dentonville, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: Maryland Cemetery Date: Nov 12, 1934

19. UNDERTAKER

(Address)

E. R. Johnson
Interment Service Co. Inc.
Dentonville, Md.

20. FILED

(Date)

11-27-34 Era Chappell

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Nov
(Month)10
(Day)1934
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

July 1, 1934, to Nov 10, 1934

I last saw him alive on Nov 4, 1934; death is said
to have occurred on the date stated above, at 3:00 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Acute dilatation heart

Other Contributory Causes of importance:

Acute Regurgitation

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harry G. Chapman

M. D.

(Address) Hagerstown, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

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- 11.—The number of years the deceased followed the occupation.

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Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
	1915
Chronic interstitial nephritis	1921

Cerebral hemorrhage	Date of onset
	July 5, 1927

Other contributory causes of importance:

Gallstones	Date of onset
	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN